



Traffic Crash Report

Local Report Number *

13-334

Crash Severity

2 1 - Fatal
2 - Injury
3 - PDO

Hit/Skip

1 - Solved
2 - Unsolved

Local Information

☐ Photos Taken☐ OH-2 ☐ OH-1P☐ OH-3 ☐ Other☐ PDO Under State Reportable Dollar Amount☐ Private Property

Reporting Agency NCIC *

08303

Reporting Agency Name *

Lebanon Police

Number of Units

02

Unit in error

98 - Animal
99 - Unknown

County *

83

City *

☐ Village *
☐ Township *

City, Village, Township *

Lebanon

Crash Date *

11/03/2013

Time of Crash

1611

Day of Week

54N

Degrees / Minutes / Seconds

Latitude

0 ' " Longitude

Decimal Degrees

Latitude

39.452573

Longitude

-84.181315

Roadway Division

☐ Divided
☒ Undivided

Divided Lane Direction of Travel

☐ N - Northbound ☐ E - Eastbound
☐ S - Southbound ☐ W - Westbound

Number of Thru Lanes

02

Road Types or Milepost ²AL - Alley CR - Circle HE - Heights MP - Milepost PL - Place ST - Street WA - Way
AV - Avenue CT - Court HW - Highway PK - Parkway RD - Road TE - Terrace
BL - Boulevard DR - Drive LA - Lane PI - Pike SQ - Square TL - TrailLocation Route Type ¹

4V

Location Route Number

4V

Loc Prefix

N, S, E, W

Location Road Name

Columbus

Location Road Type ²

4V

Route Types ¹IR - Interstate Route (inc. turnpike) CR - Numbered County Route
US - US Route TR - Numbered Township Route
SR - State Route

Distance From Reference

☐ Miles
☐ Feet
☐ Yards

Dir From Ref

N, S, E, W

Reference Route Type ¹

4V

Reference Route Number

4V

Ref Prefix

N, S, E, W

Reference Name (Road, Milepost, House #)

Reference Road Type ²

4V

Reference Point Used

1 - Intersection
2 - Mile Post
3 - House Number

Crash Location

02

01 - Not an intersection
02 - Four-way intersection
03 - T-Intersection
04 - Y-Intersection
05 - Traffic Circle/Roundabout
06 - Five-point, or more
07 - On Ramp
08 - Off Ramp
09 - Crossover
10 - Driveway/Alley Access11 - Railway Grade Crossing
12 - Shared-Use Paths or Trails
99 - Unknown☒ Intersection Related

Location of First Harmful Event

1 - On Roadway
2 - On Shoulder
3 - In Median
4 - On Roadside
5 - On Gore
6 - Outside Trafficway
9 - Unknown

Road Contour

1 - Straight Level
2 - Straight Grade
3 - Curve Level
4 - Curve Grade
9 - Unknown

Road Conditions

Primary
01

Secondary

01 - Dry
02 - Wet
03 - Snow
04 - Ice
05 - Sand, Mud, Dirt, Oil, Gravel
06 - Water (Standing, Moving)
07 - Slush
08 - Debris*09 - Rut, Holes, Bumps, Uneven Pavement*
10 - Other
99 - Unknown

* Secondary Condition Only

Manner of Crash Collision/Impact

1 - Not Collision Between Two Motor Vehicles In Transport
2 - Rear-End
3 - Head-On
4 - Rear-to-Rear
5 - Backing
6 - Angle
7 - Sideswipe, Same Direction
8 - Sideswipe, Opposite Direction
9 - Unknown

Weather

1 - Clear
2 - Cloudy
3 - Fog, Smog, Smoke
4 - Rain
5 - Sleet, Hail
6 - Snow
7 - Severe Crosswinds
8 - Blowing Sand, Soil, Dirt, Snow
9 - Other/Unknown

Road Surface

1 - Concrete
2 - Blacktop, Bituminous, Asphalt
3 - Brick/Block
4 - Slag, Gravel, Stone
5 - Dirt
6 - Other

Light Conditions

Primary
1Secondary
1 - Daylight
2 - Dawn
3 - Dusk
4 - Dark - Lighted Roadway
5 - Dark - Roadway Not Lighted
6 - Dark - Unknown Roadway Lighting
7 - Glare*
8 - Other

9 - Unknown

☐ School Zone Related☐ School Bus Directly Involved
☐ School Bus Indirectly Involved

* Secondary Condition Only

☐ Work Zone Related☐ Workers Present
☐ Law Enforcement Present (Officer/Vehicle)
☐ Law Enforcement Present (Vehicle Only)

Type of Work Zone

1 - Lane Closure
2 - Lane Shift/Crossover
3 - Work on Shoulder or Median
4 - Intermittent or Moving Work
5 - Other

Location of Crash in Work Zone

1 - Before the First Work Zone Warning Sign
2 - Advance Warning Area
3 - Transition Area
4 - Activity Area
5 - Termination Area

Narrative

Unit 1 was northbound on Columbus Ave. Unit 2 was westbound from Huntington Bank area to the Kroger lot. Unit 1 according to two witnesses ran the red light and struck unit 2.

Diagram



Write an "N" on the compass diagram to indicate the direction of north.

Columbus

Not to scale

Report Taken By

☐ Police Agency ☐ Motorist☐ Supplement (Correction or Addition to an Existing Report Sent to OOPS)

Date Crash Reported

11/03/2013

Time Crash Reported

1611

Dispatch Time

11/6/18

Arrival Time

11/6/18

Time Cleared

11/6/18

Other Investigation Time

10

Total Minutes

43

Officer's Name *

MORRIS

Officer's Badge Number

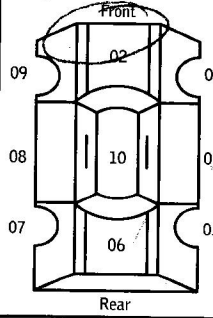
131

Checked By

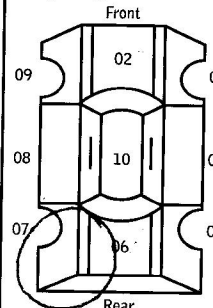
10M 131

Page of

113-334

Unit Number 001		Owner Name: Last, First, Middle (<input type="checkbox"/> Same As Driver) Tueimeh, Alia		Owner Phone Number - inc. area code (<input type="checkbox"/> Same As Driver) 513-282-6777		Damage Scale 4		Damaged Area 	
Owner Address: City, State, Zip (<input type="checkbox"/> Same As Driver)									
LP State OH	License Plate Number FAW1808		Vehicle Identification Number 1JN814515M1A0003794217			# Occupants 01			
Vehicle Year 12/01/12	Vehicle Make Niss		Vehicle Model SW		Vehicle Color White				
Proof of Insurance Shown <input checked="" type="checkbox"/>	Insurance Company Pekin		Policy Number 00V400426		Towed By Lebanon Tow				
Carrier Name, Address, City, State, Zip						Carrier Phone- include area code			
US DOT		Vehicle Weight GVWR/GCWR <input type="checkbox"/> 1 - Less Than or Equal to 10k Lbs. <input type="checkbox"/> 2 - 10,001 to 26,000 Lbs. <input type="checkbox"/> 3 - More Than 26,000 Lbs.		Cargo Body Type 01 01 - No Cargo Body Type/Not Applicable 02 - Bus/Van (9-15 Seats, Inc Driver) 03 - Bus (16+ Seats, Inc Driver) 04 - Vehicle Towing Another Vehicle 05 - Logging 06 - Intermodal Container Chassis 07 - Cargo Van/Enclosed Box 08 - Grain, Chips, Gravel		Traficway Description 1 1 - Two-Way, Not Divided 2 - Two-Way, Not Divided, Continuous Left Turn Lane 3 - Two-Way, Divided, Unprotected (Painted or Grass > 4 Ft.) Median 4 - Two-Way, Divided, Positive Median Barrier 5 - One-Way Trafficway			
HM Placard ID No. 0000		<input type="checkbox"/> Hazardous Material Released		99 - Other/Unknown		<input type="checkbox"/> Hit / Skip Unit			
Non-Motorist Location Prior to Impact 01 01 - Intersection - Marked Crosswalk 02 - Intersection - No Crosswalk 03 - Intersection - Other 04 - Midblock - Marked Crosswalk 05 - Travel Lane - Other Location 06 - Bicycle Lane 07 - Shoulder/Roadside 08 - Sidewalk 09 - Median/Crossing Island 10 - Driveway Access 11 - Shared-Use Path or Trail 12 - Non-Trafficway Area 99 - Other/Unknown		Type of Use 1 1 - Personal 2 - Commercial 3 - Government <input type="checkbox"/> In Emergency Response		Unit Type 06 99 - Unknown or Hit / Skip		Passenger Vehicles (less than 9 passengers) 01 - Sub-Compact 02 - Compact 03 - Mid Size 04 - Full Size 05 - Minivan 06 - Sport Utility Vehicle 07 - Pickup 08 - Van 09 - Motorcycle 10 - Motorized Bicycle 11 - Snowmobile/ATV 12 - Other Passenger Vehicle		Med/Heavy Trucks or Combo Units > 10k lbs 13 - Single Unit Truck or Van 2axle, 6 tires 14 - Single Unit Truck; 3+ axles 15 - Single Unit Truck / Trailer 16 - Truck/Tractor (Bobtail) 17 - Tractor/Semi-Trailer 18 - Tractor/Double 19 - Tractor/Triples 20 - Other Med/Heavy Vehicle	
Special Function 01 01 - None 02 - Taxi 03 - Rental Truck (Over 10k Lbs) 04 - Bus - School (Public or Private) 05 - Bus - Transit 06 - Bus - Charter 07 - Bus - Shuttle 08 - Bus - Other		09 - Ambulance 10 - Fire 11 - Highway/Maintenance 12 - Military 13 - Police 14 - Public Utility 15 - Other Government 16 - Construction Equip.		17 - Farm Vehicle 18 - Farm Equipment 19 - Motorhome 20 - Golf Cart 21 - Train 22 - Other (Explain in Narrative)		Most Damaged Area 09 Impact Area 09 01 - None 02 - Center Front 03 - Right Front 04 - Right Side 05 - Right Rear 06 - Rear Center 07 - Left Rear		08 - Left Side 09 - Left Front 10 - Top and Windows 11 - Undercarriage 12 - Load/Trailer 13 - Total (All Areas) 14 - Other	
Pre-Crash Actions 01 99 - Unknown		Motorist 01 - Straight Ahead 02 - Backing 03 - Changing Lanes 04 - Overtaking/Passing 05 - Making Right Turn 06 - Making Left Turn		Non-Motorist 07 - Making U-Turn 08 - Entering Traffic Lane 09 - Leaving Traffic Lane 10 - Parked 11 - Slowing or Stopped in Traffic 12 - Driverless		13 - Negotiating a Curve 14 - Other Motorist Action		Action 3 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown	
Contributing Circumstances Primary 03 Secondary 00 99 - Unknown		Motorist 01 - None 02 - Failure to Yield 03 - Ran Red Light 04 - Ran Stop Sign 05 - Exceeded Speed Limit 06 - Unsafe Speed 07 - Improper Turn 08 - Left of Center 09 - Followed Too Closely/ACDA 10 - Improper Lane Change/Passing/Off Road		Non-Motorist 11 - Improper Backing 12 - Improper Start From Parked Position 13 - Stopped or Parked Illegally 14 - Operating Vehicle in Negligent Manner 15 - Swerving to Avoid (Due to External Conditions) 16 - Wrong Side/Wrong Way 17 - Failure to Control 18 - Vision Obstruction 19 - Operating Defective Equipment 20 - Load Shifting/Falling/Spilling 21 - Other Improper Action		Vehicle Defects 00 01 - Turn Signals 02 - Head Lamps 03 - Tail Lamps 04 - Brakes 05 - Steering 06 - Tire Blowout 07 - Worn or Slick tires 08 - Trailer Equipment Defective 09 - Motor Trouble 10 - Disabled From Prior Accident 11 - Other Defects			
Sequence of Events 1 26 2 00 3 00 4 00 5 00 6 00 First Harmful Event 1 Most Harmful Event 1 99 - Unknown		Non-Collision Events 01 - Overturn/Rollover 02 - Fire/Explosion 03 - Immersion 04 - Jackknife 05 - Cargo/Equipment Loss or Shift		06 - Equipment Failure (Blown Tire, Brake Failure, etc) 07 - Separation of Units 08 - Ran Off Road Right 09 - Ran Off Road Left		10 - Cross Median or Support 11 - Cross Center Line Opposite Direction of Travel 12 - Downhill Runaway 13 - Other Non-Collision			
Collision with Person, Vehicle or Object Not Fixed 14 - Pedestrian 15 - Pedalcycle 16 - Railway Vehicle (Train, Engine) 17 - Animal - Farm 18 - Animal - Deer 19 - Animal - Other 20 - Motor Vehicle in Transport		Collision With Fixed Object 21 - Parked Motor Vehicle 22 - Work Zone Maintenance Equipment 23 - Struck by Falling, Shifting Cargo or Anything Set in Motion by a Motor Vehicle 24 - Other Movable Object		25 - Impact Attenuator/Crash Cushion 26 - Bridge Overhead Structure 27 - Bridge Pier or Abutment 28 - Bridge Parapet 29 - Bridge Rail 30 - Guardrail Face 31 - Guardrail End 32 - Portable Barrier		33 - Median Cable Barrier 34 - Median Guardrail Barrier 35 - Median Concrete Barrier 36 - Median Other Barrier 37 - Traffic Sign Post 38 - Overhead Sign Post 39 - Light/Luminaries Support 40 - Utility Pole		41 - Other Post, Pole or Support 42 - Culvert 43 - Curb 44 - Ditch 45 - Embankment 46 - Fence 47 - Mailbox	
Unit Speed 00 <input type="checkbox"/> Stated <input type="checkbox"/> Estimated	Posted Speed 00	Traffic Control 04 01 - No Controls 02 - Stop Sign 03 - Yield Sign 04 - Traffic Signal 05 - Traffic Flashers 06 - School Zone		07 - Railroad Crossbucks 08 - Railroad Flashers 09 - Railroad Gates 10 - Construction Barricade 11 - Person (Flagger, Officer) 12 - Pavement Markings		Unit Direction From 2 To 1 1 - North 2 - South 3 - East 4 - West		5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest 9 - Unknown	

113-1334

Unit Number 1021	Owner Name: Last, First, Middle (X Same As Driver)	Owner Phone Number - inc. area code (X Same As Driver)	Damage Scale 3	Damaged Area 
Owner Address: City, State, Zip (X Same As Driver)			1 - None	
LP State OH	License Plate Number DOK 9985	Vehicle Identification Number 1ZG1L1H1521K1141921211418	2 - Minor	
Vehicle Year 12100141	Vehicle Make Chevy	Vehicle Model 45	3 - Functional	
Proof of Insurance Shown 5	Insurance Company Geico	Policy Number 4271975841	4 - Disabling	
Carrier Name, Address, City, State, Zip			9 - Unknown	
			Carrier Phone- include area code	

US DOT	Vehicle Weight GVWR/GCWR <input type="checkbox"/> 1 - Less Than or Equal to 10k Lbs. <input type="checkbox"/> 2 - 10,001 to 26,000 Lbs. <input type="checkbox"/> 3 - More Than 26,000 Lbs.	Cargo Body Type 01 01 - No Cargo Body Type/Not Applicable 02 - Bus/Van (9-15 Seats, Inc Driver) 03 - Bus (16+ Seats, Inc Driver) 04 - Vehicle Towing Another Vehicle 05 - Logging 06 - Intermodal Container Chassis 07 - Cargo Van/Enclosed Box 08 - Grain, Chips, Gravel	Trafficway Description 1 1 - Two-Way, Not Divided 2 - Two-Way, Not Divided, Continuous Left Turn Lane 3 - Two-Way, Divided, Unprotected (Painted or Grass > 4 Ft.) Median 4 - Two-Way, Divided, Positive Median Barrier 5 - One-Way Trafficway
HM Placard ID No. 1	Hazardous Material Released <input type="checkbox"/>	09 - Pole 10 - Cargo Tank 11 - Flat Bed 12 - Dump 13 - Concrete Mixer 14 - Auto Transporter 15 - Garbage/Refuse 99 - Other/Unknown	<input type="checkbox"/> Hit / Skip Unit
HM Class Number 1			

Non-Motorist Location Prior to Impact 01 01 - Intersection - Marked Crosswalk 02 - Intersection - No Crosswalk 03 - Intersection - Other 04 - Midblock - Marked Crosswalk 05 - Travel Lane - Other Location 06 - Bicycle Lane 07 - Shoulder/Roadside 08 - Sidewalk 09 - Median/Crossing Island 10 - Driveway Access 11 - Shared-Use Path or Trail 12 - Non-Trafficway Area 99 - Other/Unknown	Type of Use 1 1 - Personal 2 - Commercial 3 - Government <input type="checkbox"/> In Emergency Response	Unit Type 03 99 - Unknown or Hit / Skip	Passenger Vehicles (less than 9 passengers) 01 - Sub-Compact 02 - Compact 03 - Mid Size 04 - Full Size 05 - Minivan 06 - Sport Utility Vehicle 07 - Pickup 08 - Van 09 - Motorcycle 10 - Motorized Bicycle 11 - Snowmobile/ATV 12 - Other Passenger Vehicle	Med/Heavy Trucks or Combo Units > 10k lbs 13 - Heavy Unit Truck or Van 2 axle, 6 tires 14 - Single Unit Truck; 3+ axles 15 - Single Unit Truck / Trailer 16 - Truck/Tractor (Bobtail) 17 - Tractor/Semi-Trailer 18 - Tractor/Double 19 - Tractor/Triples 20 - Other Med/Heavy Vehicle	Bus/Van/Limo (9 or More Including Driver) 21 - Bus/Van (9-15 Seats, Inc Driver) 22 - Bus (16+ Seats, Inc Driver) Non-Motorist 23 - Animal with Rider 24 - Animal with Buggy, Wagon, Surrey 25 - Bicycle/Pedacyclist 26 - Pedestrian/Skater 27 - Other Non-Motorist
<input type="checkbox"/> Has HM Placard					

Special Function 01 01 - None 02 - Taxi 03 - Rental Truck (Over 10k Lbs) 04 - Bus - School (Public or Private) 05 - Bus - Transit 06 - Bus - Charter 07 - Bus - Shuttle 08 - Bus - Other	09 - Ambulance 10 - Fire 11 - Highway/Maintenance 12 - Military 13 - Police 14 - Public Utility 15 - Other Government 16 - Construction Equip.	17 - Farm Vehicle 18 - Farm Equipment 19 - Motorhome 20 - Golf Cart 21 - Train 22 - Other (Explain in Narrative)	Most Damaged Area 07 Impact Area 07 01 - None 02 - Center Front 03 - Right Front 04 - Right Side 05 - Right Rear 06 - Rear Center 07 - Left Rear	08 - Left Side 09 - Left Front 10 - Top and Windows 11 - Undercarriage 12 - Load/Trailer 13 - Total(All Areas) 14 - Other	Action 4 1 - Non-Contact 2 - Non-Collision 3 - Striking 5 - Striking/Struck 9 - Unknown
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Contributing Circumstances Primary 04 Secondary 01 99 - Unknown	Motorist 01 - None 02 - Failure to Yield 03 - Ran Red Light 04 - Ran Stop Sign 05 - Exceeded Speed Limit 06 - Unsafe Speed 07 - Improper Turn 08 - Left of Center 09 - Followed Too Closely/ACDA 10 - Improper Lane Change /Passing/Off Road	11 - Improper Backing 12 - Improper Start From Parked Position 13 - Stopped or Parked Illegally 14 - Operating Vehicle in Negligent Manner 15 - Swerving to Avoid (Due to External Conditions) 16 - Wrong Side/Wrong Way 17 - Failure to Control 18 - Vision Obstruction 19 - Operating Defective Equipment 20 - Load Shifting/Falling/Spilling 21 - Other Improper Action	Non-Motorist 22 - None 23 - Improper Crossing 24 - Darting 25 - Lying and/or Illegally in Roadway 26 - Failure to Yield Right of Way 27 - Not Visible (Dark Clothing) 28 - Inattentive 29 - Failure to Obey Traffic Signs /Signals/Officer 30 - Wrong Side of the Road 31 - Other Non-Motorist Action	Vehicle Defects 01 01 - Turn Signals 02 - Head Lamps 03 - Tail Lamps 04 - Brakes 05 - Steering 06 - Tire Blowout 07 - Worn or Slick tires 08 - Trailer Equipment Defective 09 - Motor Trouble 10 - Disabled From Prior Accident 11 - Other Defects
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Collision with Person, Vehicle or Object Not Fixed 14 - Pedestrian 15 - Pedalcycle 16 - Railway Vehicle (Train, Engine) 17 - Animal - Farm 18 - Animal - Deer 19 - Animal - Other 20 - Motor Vehicle in Transport	21 - Parked Motor Vehicle 22 - Work Zone Maintenance Equipment 23 - Struck by Falling, Shifting Cargo or Anything Set in Motion by a Motor Vehicle 24 - Other Movable Object	Collision With Fixed Object 25 - Impact Attenuator/Crash Cushion 26 - Bridge Overhead Structure 27 - Bridge Pier or Abutment 28 - Bridge Parapet 29 - Bridge Rail 30 - Guardrail Face 31 - Guardrail End 32 - Portable Barrier 33 - Median Cable Barrier 34 - Median Guardrail Barrier 35 - Median Concrete Barrier 36 - Median Other Barrier 37 - Traffic Sign Post 38 - Overhead Sign Post 39 - Light/Luminaries Support 40 - Utility Pole 41 - Other Post, Pole or Support 42 - Culvert 43 - Curb 44 - Ditch 45 - Embankment 46 - Fence 47 - Mailbox 48 - Tree 49 - Fire Hydrant 50 - Work Zone Maintenance Equipment 51 - Wall, Building, Tunnel 52 - Other Fixed Object
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Unit Speed 04 <input type="checkbox"/> Stated <input type="checkbox"/> Estimated	Posted Speed 04	Traffic Control 04 01 - No Controls 02 - Stop Sign 03 - Yield Sign 04 - Traffic Signal 05 - Traffic Flashers 06 - School Zone 07 - Railroad Crossbucks 08 - Railroad Flashers 09 - Railroad Gates 10 - Construction Barricade 11 - Person (Flagger, Officer) 12 - Pavement Markings 13 - Crosswalk Lines 14 - Walk/Don't Walk 15 - Other 16 - Not Reported	Unit Direction From 3 To 4 1 - North 2 - South 3 - East 4 - West 5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest 9 - Unknown
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OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER

13-334

UNIT NUMBER <input type="checkbox"/>	NAME: LAST, FIRST, MIDDLE <i>Michaels, Norman</i>	DATE OF BIRTH ____/____/____	AGE ____	GENDER <input checked="" type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE
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ADDRESS, CITY, STATE, ZIP <i>32 Hathaway Commons Lebanon OH 45036</i>		CONTACT PHONE- INCLUDE AREA CODE <i>513-932-9392</i>							
INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY ____	MEDICAL FACILITY INJURED TAKEN TO ____	SAFETY EQUIPMENT USED <input type="checkbox"/>	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION <input type="checkbox"/>	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>

UNIT NUMBER <input type="checkbox"/>	NAME: LAST, FIRST, MIDDLE ____	DATE OF BIRTH ____/____/____	AGE ____	GENDER <input type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE
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ADDRESS, CITY, STATE, ZIP ____		CONTACT PHONE- INCLUDE AREA CODE ____							
INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY ____	MEDICAL FACILITY INJURED TAKEN TO ____	SAFETY EQUIPMENT USED <input type="checkbox"/>	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION <input type="checkbox"/>	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>

UNIT NUMBER <input type="checkbox"/>	NAME: LAST, FIRST, MIDDLE ____	DATE OF BIRTH ____/____/____	AGE ____	GENDER <input type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE
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ADDRESS, CITY, STATE, ZIP ____		CONTACT PHONE- INCLUDE AREA CODE ____							
INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY ____	MEDICAL FACILITY INJURED TAKEN TO ____	SAFETY EQUIPMENT USED <input type="checkbox"/>	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION <input type="checkbox"/>	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>

UNIT NUMBER <input type="checkbox"/>	NAME: LAST, FIRST, MIDDLE ____	DATE OF BIRTH ____/____/____	AGE ____	GENDER <input type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE
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ADDRESS, CITY, STATE, ZIP ____		CONTACT PHONE- INCLUDE AREA CODE ____							
INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY ____	MEDICAL FACILITY INJURED TAKEN TO ____	SAFETY EQUIPMENT USED <input type="checkbox"/>	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION <input type="checkbox"/>	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>

UNIT NUMBER <input type="checkbox"/>	NAME: LAST, FIRST, MIDDLE ____	DATE OF BIRTH ____/____/____	AGE ____	GENDER <input type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE
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ADDRESS, CITY, STATE, ZIP ____		CONTACT PHONE- INCLUDE AREA CODE ____							
INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY ____	MEDICAL FACILITY INJURED TAKEN TO ____	SAFETY EQUIPMENT USED <input type="checkbox"/>	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION <input type="checkbox"/>	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>

INJURIES 1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL	INJURED TAKEN BY 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN	SAFETY EQUIPMENT USED MOTORIST 01 - NONE USED - VEHICLE OCCUPANT 02 - SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT USED 99 - UNKNOWN SAFETY EQUIPMENT 05 - CHILD RESTRAINT SYSTEM- FORWARD FACING 06 - CHILD RESTRAINT SYSTEM- REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED	NON-MOTORIST 09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) 12 - REFLECTIVE CLOTHING 13 - LIGHTING 14 - OTHER
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SEATING POSITION 01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVEN) 02 - FRONT - MIDDLE 03 - FRONT - RIGHT SIDE 04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 05 - SECOND - MIDDLE 06 - SECOND - RIGHT SIDE 07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 08 - THIRD - MIDDLE 09 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF CAB (TRUCK)	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 16 - OTHER 99 - UNKNOWN	AIR BAG USAGE 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN	EJECTION 1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE	TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - EXTRICATED BY NON-MECHANICAL MEANS
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MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

13-334

MOTORIST/Non-MOTORIST

MOTORIST/Non-MOTORIST

OCCUPANT

MOTORIST/Non-MOTORIST

UNIT NUMBER 01	NAME: LAST, FIRST, MIDDLE Tueimeh, Khaled	DATE OF BIRTH 12/30/1962	AGE 50	GENDER M - MALE
ADDRESS, CITY, STATE, ZIP 9446 Faircourt Lane Loveland OH 45140		CONTACT PHONE- INCLUDE AREA CODE 513-282-6777		
INJURIES 2	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04
OL STATE OH	OPERATOR LICENSE NUMBER RG469384	OL CLASS 1	NO VALID OL M/C END.	CONDITION 1
ALCOHOL/DRUG SUSPECTED 1	ALCOHOL TEST STATUS 1	ALCOHOL TEST TYPE 1	ALCOHOL TEST VALUE 1	DRUG TEST STATUS 1
DRUG TEST TYPE 1	OFFENSE CHARGED 313.03	OFFENSE DESCRIPTION Traffic Control lights	CITATION NUMBER 67145	HANDS-FREE DEVICE USED
DRIVER DISTRACTED BY 1				
UNIT NUMBER 02	NAME: LAST, FIRST, MIDDLE Bunting, Kenneth	DATE OF BIRTH 06/15/1978	AGE 35	GENDER M - MALE
ADDRESS, CITY, STATE, ZIP 524 Fairview AVE. Lebanon OH 45036		CONTACT PHONE- INCLUDE AREA CODE 513-850-4091		
INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04
OL STATE OH	OPERATOR LICENSE NUMBER RG738507	OL CLASS 1	NO VALID OL M/C END.	CONDITION 1
ALCOHOL/DRUG SUSPECTED 1	ALCOHOL TEST STATUS 1	ALCOHOL TEST TYPE 1	ALCOHOL TEST VALUE 1	DRUG TEST STATUS 1
DRUG TEST TYPE 1	OFFENSE CHARGED 1	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE DEVICE USED
DRIVER DISTRACTED BY 1				
INJURIES 1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL				
INJURED TAKEN BY 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN				
SAFETY EQUIPMENT USED MOTORIST 01 - NONE USED - VEHICLE OCCUPANT 02 - SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT USED 99 - UNKNOWN SAFETY EQUIPMENT Non-Motorist 05 - CHILD RESTRAINT SYSTEM-FORWARD FACING 06 - CHILD RESTRAINT SYSTEM-REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED 09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) 12 - REFLECTIVE CLOTHING 13 - LIGHTING 14 - OTHER				
SEATING POSITION 01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 02 - FRONT - MIDDLE 03 - FRONT - RIGHT SIDE 04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 05 - SECOND - MIDDLE 06 - SECOND - RIGHT SIDE 07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 08 - THIRD - MIDDLE 09 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF CAB (TRUCK) 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 16 - OTHER 99 - UNKNOWN				
AIR BAG USAGE 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN				
EJECTION 1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE				
TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - EXTRICATED BY NON-MECHANICAL MEANS				
OPERATOR LICENSE CLASS 1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO IS "D") 5 - MC/MOPED ONLY				
CONDITION 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED, FATIGUED 6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL 7 - OTHER				
ALCOHOL/DRUG SUSPECTED 1 - NONE 2 - YES - ALCOHOL SUSPECTED 3 - YES - HBD NOT IMPAIRED 4 - YES - DRUGS SUSPECTED 5 - YES - ALCOHOL AND DRUGS SUSPECTED				
ALCOHOL TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN				
ALCOHOL TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER				
DRUG TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN				
DRUG TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER				
DRIVER DISTRACTED BY 1 - NO DISTRACTION REPORTED 2 - PHONE 3 - TEXTING/E-MAILING 4 - ELECTRONIC COMMUNICATION DEVICE 5 - OTHER ELECTRONIC DEVICE (NAVIGATION DEVICE, RADIO, DVD) 6 - OTHER INSIDE THE VEHICLE 7 - EXTERNAL DISTRACTION				
UNIT NUMBER 02	NAME: LAST, FIRST, MIDDLE Bunting, Mary	DATE OF BIRTH 06/15/2007	AGE 6	GENDER F - FEMALE
ADDRESS, CITY, STATE, ZIP 524 Fairview AVE Lebanon OH 45036		CONTACT PHONE- INCLUDE AREA CODE 513-850-4091		
INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04
OL STATE OH	OPERATOR LICENSE NUMBER	OL CLASS	NO VALID OL M/C END.	CONDITION
ALCOHOL/DRUG SUSPECTED	ALCOHOL TEST STATUS	ALCOHOL TEST TYPE	ALCOHOL TEST VALUE	DRUG TEST STATUS
DRUG TEST TYPE	OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE DEVICE USED
DRIVER DISTRACTED BY				
UNIT NUMBER 03	NAME: LAST, FIRST, MIDDLE Holderman, Kristine	DATE OF BIRTH	AGE	GENDER F - FEMALE
ADDRESS, CITY, STATE, ZIP 1023 Pratt Rd Blanchester OH 45107		CONTACT PHONE- INCLUDE AREA CODE 937-302-7239		
INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04
OL STATE OH	OPERATOR LICENSE NUMBER	OL CLASS	NO VALID OL M/C END.	CONDITION
ALCOHOL/DRUG SUSPECTED	ALCOHOL TEST STATUS	ALCOHOL TEST TYPE	ALCOHOL TEST VALUE	DRUG TEST STATUS
DRUG TEST TYPE	OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE DEVICE USED
DRIVER DISTRACTED BY				



TRAFFIC CRASH WITNESS STATEMENT

OH-3

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH M 11 D 3 Y 13
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, NORMAN S. MICHAELS HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

OFFICER'S NAME AT LOCATION

WAS READY TO MAKE A LEFT TURN ONTO
COLUMBUS AVE GOING SOUTH. LIGHT TURNED GREEN
AND I STARTED LOOKING I SAW THE SUV COMING
THRU THE RED LIGHT & I STOPPED IN TIME, THEN
HE HIT THE IMPACT.

ADDRESS OF WITNESS <u>32 LADAWAY COMMONS</u>	PHONE <u>513-932-9392</u>
SIGNATURE OF WITNESS <u>X</u>	OFFICER'S SIGNATURE <u>X</u>



TRAFFIC CRASH WITNESS STATEMENT

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH M D Y
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Kristine Holderman HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

OFFICER'S NAME AT LOCATION

was coming out of Kroger by Gas Pump
to turn Right. Green light -
proceeded forward. Car in front of
me turned on Green.
I ~~was~~ started to turn on Green
When saw Collision out of
corner of my eye.

I can verify light Cross Road
was Red & Kroger light was
Green.

1023 Pratt Rd
Blanchester 45107

ADDRESS OF WITNESS

SIGNATURE OF WITNESS

OFFICER'S SIGNATURE
X

PHONE
937 302 7289



TRAFFIC CRASH WITNESS STATEMENT

OH-3

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH M D Y
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, _____ HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED _____

OFFICER'S NAME _____ AT _____ LOCATION _____

I was going down North Bound
Columbus Ave. when I approached
the intersection the
light was green I kept
going through the light
as I had the right of way.
The other vehicle crossed in
front of me and I was
not able to avoid it.
so we hit.

ADDRESS OF WITNESS _____

SIGNATURE OF WITNESS X _____

OFFICER'S SIGNATURE X _____

PHONE 765-745-0497